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CONFIRMATION NO. 2578

<b>SERIAL NUMBER</b> 10/071,751	<b>FILING OR 371(c) DATE</b> 02/07/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1656	<b>ATTORNEY DOCKET NO.</b> 2618-17-C4-PUS-2
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*DS*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/171,156 03/04/1999 PAT 6,368,846 \* which is a 371 of PCT/US97/05959 04/10/1997  
 which is a CIP of 08/630,822 04/10/1996 PAT 5,840,695  
 which is a CIP of 08/487,001 06/07/1995 PAT 5,795,862  
 which is a CIP of 08/319,590 10/07/1994 PAT 5,646,115  
 (\*)Data provided by applicant is not consistent with PTO records.  
*DS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE - DS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/26/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>DS</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
22442

**TITLE**  
Novel flea saliva protein

<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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